

NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 118030

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MAIL STOP PATENT APPLICATION

Customer Number: 25944

**NONPROVISIONAL APPLICATION TRANSMITTAL
 RULE §1.53(b)**

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

17497 U.S. PTO
 10/729899



Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional patent application

For (Title): IMAGE PRINTING SYSTEM, IMAGE PRINTING METHOD, AND IMAGE PRINTING PROGRAM

By (Inventors): Akemi SHOJI and Ryuta NAMIKI

- ☒ Formal drawings (Figs. 1-4; 4 sheets) are attached.
☐ Use Figure _____ for front page of Publication.
☐ A Declaration and Power of Attorney is filed herewith.
☐ This application claims benefit of Provisional Application No. _____ filed _____.
 (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
☒ This patent application is assigned to SEIKO EPSON CORPORATION.
☐ The executed Assignment is filed herewith.
☐ An Information Disclosure Statement is filed herewith.
☐ Entitlement to small entity status is hereby asserted.
☐ A Preliminary Amendment is filed herewith.
☒ Priority of foreign application No. 2002-370063 filed December 20, 2002 in Japan is claimed (35 U.S.C. §119).
☐ A certified copy of the above corresponding foreign application(s) is filed herewith.
☐ This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing.
☒ The filing fee is calculated below:

**CLAIMS IN THE APPLICATION AFTER ENTRY OF
 ANY PRELIMINARY AMENDMENT NOTED ABOVE**

| FOR: | NO. FILED | NO. EXTRA |
|--|-----------|-----------|
| BASIC FEE | | |
| TOTAL CLAIMS | 9 - 20 | = 0* |
| INDEP CLAIMS | 2 - 3 | = 0* |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED | | |

* If the difference is less than zero, enter "0".

| SMALL ENTITY | |
|--------------|--------|
| RATE | FEE |
| | \$ 385 |
| x 9 = | \$ |
| x 43 = | \$ |
| + 145 = | \$ |
| TOTAL | \$ |

OR
 OR
 OR
 OR
 OR
 OR

**OTHER THAN A
 SMALL ENTITY**

| RATE | FEE |
|-------|--------|
| | \$ 770 |
| x 18 | \$ |
| x 86 | \$ |
| + 290 | \$ |
| TOTAL | \$ 770 |

- ☒ Check No. 149092 in the amount of \$770.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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